

Alaska Division of Insurance
P.O. Box 110805
Juneau, Alaska 99811-0805

Unauthorized Insurer's Tax Form

Filing Instructions Pursuant to AS 21.34 and AS 21.33.055

Tax Report due on or before March 1 with payment of premium tax due (postmark accepted).

For unauthorized insurance not procured through a surplus lines broker per AS 21.34, every nonadmitted insurer must pay on or before March 1 a premium receipts tax of three percent of gross premiums charged for the insurance other than wet marine insurance, and must pay a premium receipts tax of three-quarters of one percent of gross premiums charged for wet marine and transportation insurance in accordance with AS 21.33.055.

Form 08-1240 must be completed by the unauthorized insurer, the insured or the insured's representative, a bonded producer, or surplus lines broker. Separate certifications are provided for each.

Mail to the address below with any remittance made payable to Alaska Division of Insurance.

First Class Mail: Including
Registered and Certified

Alaska Division of Insurance
P.O. Box 110805
Juneau, AK 99811-0805

Express Mail Only

Alaska Division of Insurance
333 Willoughby, 9th Floor
Juneau, AK 99801

REMINDER: If the tax is not paid on or before March 1, the tax may be increased by a late payment fee of \$1,000 or ten percent of the tax due, whichever is greater, plus interest will be assessed at one percent of the tax due until paid and a penalty not to exceed \$100 a day or 25 percent of the tax due, whichever is greater.

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UNAUTHORIZED INSURER'S REPORT OF PREMIUMS AND TAXES

(To be postmarked on or before March 1)

1. Gross Premium - Unauthorized Insurance: _____ X 3% \$ _____
2. Gross Premium - Wet Marine and Transportation Insurance: _____ X .75% \$ _____
3. Total Tax Due (lines 1 + 2) \$ _____
4. Late Payment fee **(only if assessed by the division)**
(\$1,000 or 10% of tax due, whichever is greater) \$ _____
- Interest (1% per month of tax due) \$ _____
- Late Payment Penalty
(\$100 per day or 25% of tax due, whichever is greater) \$ _____

Name of Insurer		For the Calendar Year of:
Mailing Address	City, State and ZIP Code	Organized Under the Laws of:

I, _____, BEING DULY SWORN, SAYS THAT I AM THE
_____ OF THE ABOVE-NAMED INSURANCE COMPANY; AND THAT THE
UNAUTHORIZED INSURER'S REPORT OF PREMIUM AND TAXES IS A COMPLETE, TRUE AND CORRECT STATEMENT OF ALL
PREMIUMS AND TAXES ON ALL BUSINESS WRITTEN ON RISKS RESIDENT, LOCATED OR TO BE PERFORMED IN ALASKA BY
SAID COMPANY DURING THE YEAR ENDING DECEMBER 31, _____.

(PRESIDENT - SECRETARY)

SUBSCRIBED AND SWORN TO BEFORE ME THIS _____ DAY OF _____, _____.

(NOTARY PUBLIC)

MY COMMISSION EXPIRES: _____

Name of Broker	AK Broker License No.	For the Calendar Year of:
Mailing Address	City, State and ZIP Code	Organized Under the Laws of:

I, _____, BEING DULY SWORN, SAYS THAT I AM
FILING ON BEHALF OF THE ATTACHED LIST OF UNAUTHORIZED INSURANCE COMPANIES AND THAT THE UNAUTHORIZED
INSURER'S REPORT OF PREMIUM AND TAXES IS A COMPLETE, TRUE AND CORRECT STATEMENT OF ALL PREMIUMS AND
TAXES ON RISKS RESIDENT, LOCATED OR TO BE PERFORMED BY SAID BROKER DURING THE YEAR ENDING
DECEMBER 31, _____.

(PRESIDENT - SECRETARY)

SUBSCRIBED AND SWORN TO BEFORE ME THIS _____ DAY OF _____, _____.

(NOTARY PUBLIC)

MY COMMISSION EXPIRES: _____